

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25314**

FILED AUG 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. LENGTH OF STAY (in this place) Centralia		c. CITY OR TOWN Centralia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				a. STREET ADDRESS (If rural, give location) 118 North Barr <i>61000</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Beatrice		c. (Last) Wilcox		4. DATE OF DEATH (Month) (Day) (Year) August 21 1955	
5. SEX Female		6. COLOR OR RACE Caucasian		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 18 1886	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Martin Jennings		13b. MOTHER'S MAIDEN NAME Susan Adeline Rowland		14. NAME OF HUSBAND OR WIFE Willard Wilcox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joe Morehead Mexico, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Heart Disease (unk) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Centralia, Boone, Missouri		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Aug. 13</u> , 19 <u>55</u> , to <u>Aug 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 18</u> , 19 <u>55</u> , and that death occurred at <u>8:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robt L. Ward M.D.		23b. ADDRESS Centralia Mo.		23c. DATE SIGNED 8/22/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 23, 55		24c. NAME OF CEMETERY OR CREMATORY City of Centralia		24d. LOCATION (City, town, or county) (State) Centralia, Mo.	
DATE REC'D BY LOCAL REG. Aug 23-1955		REGISTRAR'S SIGNATURE McBride		30. () McBride		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McBride Centralia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Billy J. Menden*.....

Licensed Embalmer No. *48*.....

P. O. Address *Anteski, Pa.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.